

December 2, 2021

The Honorable Bronna Kahle  
Chair, Health Policy Committee  
124 North Capitol Avenue  
Lansing, MI 48933

Dear Chair Kahle and Members of the Health Policy Committee:

On behalf of the Epilepsy Foundation and the Epilepsy Foundation of Michigan, thank you for hearing testimony on Senate Bill 412, which would, among other things, improve access to medications for epilepsy in the Medicaid program by eliminating prior authorization requirements. This legislation would codify important protections that have been fought for by patient advocates in the state budget for many years and would be an important step toward ensuring that individuals with complex chronic conditions like epilepsy, have access to the care they require.

We are asking for the following changes to the current bill language to maintain these protections:

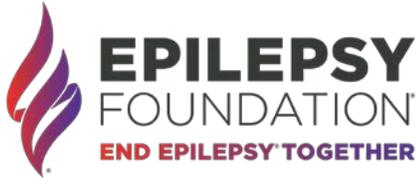
1. A drafting error replaced the definition of “prior authorization” used since 2004 under the Social Welfare Act (PA 248 of 2004) and in budget boilerplate Section 1875 (since FY 15-16), with a definition from another bill, SB 247, amending the Insurance Code. A technical amendment is needed restoring the definition to that found in the Social Welfare Act:

*(f) “Prior authorization” means a process implemented by the department of community health that conditions, delays, or denies the delivery of particular pharmaceutical services to Medicaid beneficiaries medical assistance recipients upon application of predetermined criteria by the department or the department’s agent for those pharmaceutical services covered by the department on a fee-for-service basis or pursuant according to a contract for those services. The process may require a prescriber to verify with the department or the department’s agent that the proposed medical use of a prescription drug being prescribed for a patient meets the predetermined criteria for a prescription drug that is otherwise covered under this act or require a prescriber to obtain authorization from the department or the department’s agent before prescribing or dispensing a prescription drug that is not included on a preferred drug list or that is subject to special access or reimbursement restrictions.*

2. SB 412 is intended to consolidate Medicaid patient protections in statute and to reduce confusion. Unfortunately, a new subsection was added that will only serve to increase confusion. Because of this, the Open Access Coalition recommends striking the following (lines 10-14, page 3):

(3) This section does not prohibit the department from contracting with a managed care organization for pharmaceutical services offered under the medical assistance program administered under this act as long as the contract complies with the provisions of this section.

The Epilepsy Foundation is the leading national voluntary health organization that speaks on behalf of at least 3.4 million Americans with epilepsy and seizures. Epilepsy Foundation of Michigan advocates and provides services for the approximately 108,900 Michiganders with epilepsy and seizures. Together, we foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition that produces seizures affecting



a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime. For the majority of people living with epilepsy, anti-epilepsy drugs are the most common and most cost-effective treatment for controlling and/or reducing seizures, and they must have meaningful and timely access to physician directed care.

Epilepsy medications are not interchangeable and treatment of epilepsy is highly individualized. There is no “one size fits all” treatment option for epilepsy, and the response to medications can be different for each person. Maintaining seizure control with minimal side effects requires careful evaluation and monitoring by physicians and their patients. People living with epilepsy who have their medications switched, or who experience a delay in accessing their medication, are at a high risk for developing breakthrough seizures and related complications including death. Limits to physician-directed care can also significantly increase medical costs related to preventable seizures, along with lost wages and productivity, not just for the individuals living with epilepsy but also their families and communities.

Selection of the appropriate medication to prevent seizures is determined by a number of variables, including type of seizure, seizure frequency, age, gender, and other health conditions. Determining the right medication for a particular person may require trial-and-error, along with close observation of blood levels and side effects. For these reasons, physicians and their patients need to be assured that the full array of treatment options is available, including alternative formulations of a drug such as extended release versions that are particularly important for disease management and patient compliance among individuals with multiple and complex chronic conditions. The treating provider is in the best position to make the judgment about which medication is most appropriate.

Individuals living with epilepsy may experience life-threatening seizures without warning and need access to emergency seizure medication. For most people, conventional medications that can be taken orally are effective in controlling seizures. However, some individuals are susceptible to prolonged, cluster, or status seizures, which may last longer than five minutes and can lead to serious injury and even death. For these individuals, a physician may prescribe an antiseizure medication to be administered on an emergency basis. As with maintenance antiseizure medications, seizure rescue medications are not one-size-fits-all. Michiganders and their physicians should have access to the full range of treatment options available – including seizure rescue medications.

The Epilepsy Foundation and the Epilepsy Foundation of Michigan urge you to advance Senate Bill 412, with changes, out of Committee. This is the most important next step to improve access to epilepsy medications in the Medicaid program. Please do not hesitate to contact Brianna Romines, President, Epilepsy Foundation of Michigan, at 248-809-4819 with questions or concerns.

Sincerely,

Brianna Romines  
President  
Epilepsy Foundation of Michigan

Laura Thrall  
President & CEO  
Epilepsy Foundation